

CONFIDENTIAL

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff/Petitioner

vs / and

Defendant/Respondent

State of Minnesota)
) SS
County of _____)

**Motion and Affidavit for
Proceeding In Forma Pauperis
in the Court of Appeals**

(Minn. Stat. § 563.01 & Minn. R. App. P. 109)

1. I believe that I have valid reasons for pursuing this Court of Appeals action and I move for a court order granting me the following relief:
 - ☐ waiving appellate court filing fees and cost bond
 - ☐ payment for transcript preparation costs for the specific hearing dates listed as follows: _____
 - ☐ other (please specify): _____
2. I am a party in this action and in good faith I request an Order to proceed In Forma Pauperis. I have attached a copy of my statement of the case or petition being filed in the appellate court, showing the proposed issues on appeal.
3. ☐ I am receiving public assistance under one or more of the following **means-tested** programs:
 - ☐ SSI and / or MSA (Supplemental Security Income and Minnesota Supplemental Assistance Programs);
 - ☐ MFIP (Minnesota Family Investment Program);
 - ☐ Food Stamps;
 - ☐ General Assistance or Discretionary Work Program;
 - ☐ MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
 - ☐ Energy Assistance;
 - ☐ Other: *(specify)* _____

Note: The court may ask you to provide proof of the type of public assistance you receive.

CONFIDENTIAL

4. ☐ I am represented by attorney _____ on behalf of _____ a civil legal services program or volunteer attorney program, based on indigency.
5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household.) For my family size, I counted myself and (list all others):

| Name | Age | Relationship to you |
|------|-----|---------------------|
| | | |
| | | |
| | | |
| | | |

6. ☐ My gross **annual** family income (before taxes and deductions) is \$_____ which is less than 125% of the Federal Poverty Line for my family size of _____ members. **I have attached proof of my family income.**
7. My gross **monthly** income before taxes and deductions is \$_____. My net (take home) **monthly** income is \$_____, and the source of that income is: ☐ Job / wages
☐ Unemployment ☐ Spousal Support ☐ Trust Income ☐ Social Security
☐ Other: _____
8. My spouse's gross **monthly** income before taxes and deductions is \$_____. My spouse's net (take home) **monthly** income is \$_____, and the source of that income is _____; OR, I do not know my spouses' income because: _____
_____ OR ☐ I am not married.
9. All other family members and dependents living with me have net **monthly** income as follows:

| Name of person | Age | Net (take home) monthly income | Source of that Income |
|----------------|-----|--------------------------------|-----------------------|
| | | | |
| | | | |

10. I receive \$ _____ per month in child support (includes medical support and/or child care support).
11. I pay \$ _____ per month in court-ordered child support (includes medical support and/or child care support).
12. I pay \$ _____ per month in court-ordered spousal support.
13. I pay \$ _____ per month for ☐ rent ☐ mortgage payment.

CONFIDENTIAL

14. I own: Cash \$ _____
Checking, savings and credit union accounts \$ _____

Cars, other vehicles (list make, year and equity value (market value minus unpaid loans))
_____ \$ _____
_____ \$ _____

Real Estate (market value minus unpaid mortgage/loans)
Homestead: \$ _____
Other Real Estate: \$ _____

Other personal property (jewelry, stocks, bonds, etc. - list separately)
_____ \$ _____
_____ \$ _____

15. I am presently \$ _____ in debt, excluding car loans and real estate mortgage/loans.

16. Other factors which support your request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation): _____

By signing this Affidavit, I am certifying that these statements are true under penalty of perjury. I understand that if I provide false information on the form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or requested records may result in denial of my motion to proceed In Forma Pauperis. I am authorizing that the facts contained in this Affidavit may be verified by any means required.

Dated: _____

Signature _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____